

Post term pregnancy

Post-term pregnancy or prolonged pregnancy is defined as pregnancy that progresses beyond 42 weeks. 5-10% of pregnancies are prolonged beyond 42 weeks. Post-term pregnancy is associated with fetal, neonatal, and maternal complications. Risks increase after term and significantly so after 41 weeks of pregnancy. To assess pregnancy duration a first-trimester ultrasound rather than last menstrual period (LMP) dating should be relied on.

Causes of a Post-term Pregnancy

Inaccurate clinical dating may lead to the misdiagnosis of post-term pregnancy.

Using the **last menstrual period** can overestimate gestational age. A last menstrual cycle is dependent on estimation of Gestational age if

- Women have normal regular menstrual cycles and
- no usage of contraceptive hormones in 3 months before the last menstrual period
- the woman is not breastfeeding.

However, **first-trimester ultrasonography is** recommended if there is concern regarding the accuracy of dating based on the last menstrual period ,it vital to decrease miscalculation and therefore decrease inductions for post-term pregnancies. Known risk factors for post-term pregnancy are a

- previous post-term pregnancy
- nulliparity,
- maternal age older than 30 years, and obesity.
- A genetic predisposition. A woman born post-term has a 50% risk of giving birth to a child beyond 42 weeks; the risk is 25% if the father was born post-term.
- Fetal anencephaly and placental surfactant deficiency are rare causes of post-term pregnancy.

Risks associated with post-term pregnancy

✓ **Fetal and neonatal risks** with higher risks

- ❖ Meconium aspiration.
- ❖ Macrosomia and larger babies resulting in:
 - Prolonged labor.
 - Cephalo-pelvic disproportion.
 - Shoulder dystocia.
 - Birth injury resulting in, for example, brachial plexus damage or cerebral palsy.
- ❖ Neonatal acidaemia.
- ❖ Low five-minute Apgar scores.
- ❖ Neonatal encephalopathy.
- ❖ Neonatal seizures.
- ❖ Features of intrauterine growth restriction (IUGR) due to placental insufficiency

✓ **Maternal risks**

Post-term pregnancy is also associated with increased risk for the mother, including:

- Obstructed labor.
- Perineal damage.
- Instrumental vaginal delivery.
- Caesarean section.
- Postpartum hemorrhage.
- Infection.

Where labor is **induced before** the uterus or cervix is in a **favorable state**, obstetric problems may follow including: Need for cesarean section, Prolonged labor , Postpartum hemorrhage, and higher risks of Traumatic delivery.

Diagnosis LMP and early pregnancy dating US.

Symptoms of post term pregnancy

- A post-term neonate has lower than normal amounts of subcutaneous fat and reduced mass of soft tissue.
- The skin may be loose, flaky and dry.
- Fingernails and toenails may be longer than usual and stained yellow from meconium.

Sing of post term pregnancy

- Before delivery there may be reduced fetal movement.
- A reduced volume of amniotic fluid ,A reduction in the size of the uterus.
- Meconium-stained amniotic fluid may be seen when the membranes have ruptured.

Preventing post-term pregnancy is it possible?

sweeping of the membranes is a possible measure to prevent post-term pregnancies done by an introduction of the clinician's finger in the cervical os in a "sweeping" circular motion to help **stimulate local uterine production of prostaglandin**. Potential **disadvantages** of membrane sweeping are patient pain, vaginal bleeding, and irregular contractions.

Management of post-term pregnancy

Expectant management or induction of labor see flow diagram below

The Royal College of Obstetricians and Gynaecologists (RCOG)/ (NICE) guidelines recommend that women should be offered **induction after 41 weeks** between 41+0 and 42+0 weeks to avoid the risks of increased intrauterine fetal death and to reduce perinatal mortality **without** increasing the risk of operative delivery.

Prior to formal induction of labor, women should be offered vaginal examination with membrane sweeping.

If women choose **not to have induction of labor** or **opt for expectant** management, she should be willing for **increased monitoring** with anti-natal surveillance of fetal wellbeing see **table1**.

It is recommended twice-weekly antenatal surveillance for low-risk pregnancies beginning at 41 weeks using **amniotic fluid index** measurement and **either** a biophysical profile **or** non-stress testing. If the nonstress test is **nonreactive, then** a biophysical profile **or** contraction stress test is usually performed **or induces labor**. A **positive contraction stress** test or biophysical profile **score of less than 6** is an indication for induction in this setting

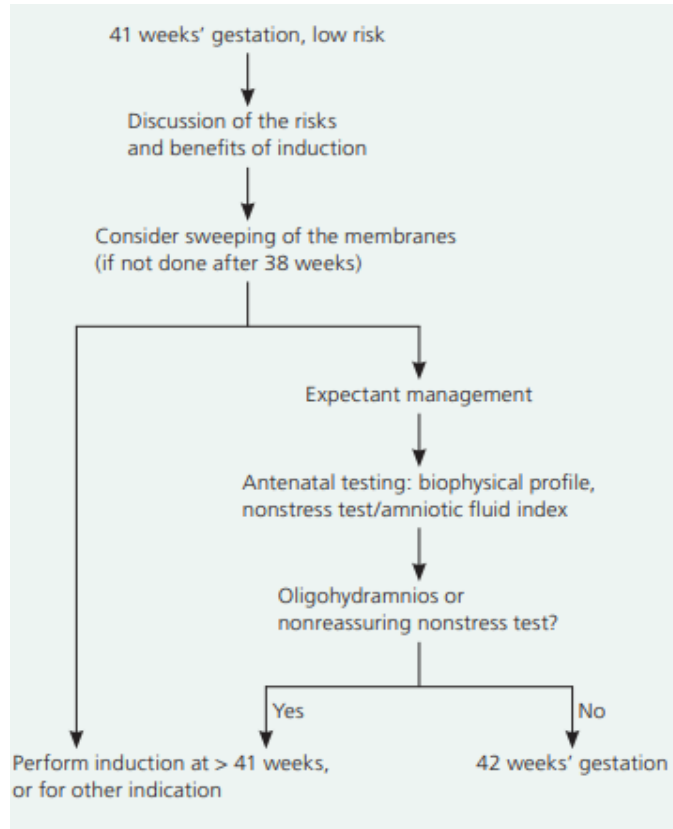


Fig.1 flow chart for management of post term pregnancies

Table 1. Antenatal Testing Methods

<i>Method</i>	<i>Testing component</i>
Nonstress test	Fetal heart tone assessment: reactive is > 2 accelerations in a 20-minute period (15 beats per minute × 15 seconds above baseline heart rate); nonreactive (abnormal) is ≤ 2 accelerations
Modified biophysical profile	Amniotic fluid index and nonstress test
Biophysical profile	Amniotic fluid index: At least one vertical pocket > 2- × 2-cm
Fetal breathing: 0 or 2 points	Fetal breathing: One or more episodes of fetal breathing of ≥ 30 seconds within 30 minutes
Movement: 0 or 2 points	Movement: Three or more discrete body or limb movements within 30 minutes
Tone: 0 or 2 points	Tone: One or more episodes of extension and flexion of fetal extremity or opening and closing of a hand
Nonstress test: 0 or 2 points	Nonstress test: See above
Total 8 points plus amniotic fluid index = 10 points	
Contraction stress test	Fetal tolerance of stimulated contractions: Three per 10-minute interval; late decelerations occurring with at least 50% of contractions is considered a positive (abnormal) result